THE

AMERICAN MEDICAL INTELLIGENCER.

Vol. II. November 1, 1838. No. 15.

Art. I.—RESEARCHES ON CEREBRAL OTORRHŒA.

BY PROFESSOR ALBERT, OF BONN.[1]

Otorrhœal discharges arise either in the external or internal ear, or in parts foreign to that organ; in the last case, purulent collections in the skull consequent on caries, from suppuration of the brain or its membranes, may open for themselves a way through the external ear; then this organ not only forms a passage for the exit of pus, but becomes also changed into an ulcerated or purulent surface, and thus enters into communication with the substance of the brain. This communication is not very rare, especially if we reckon those cases in which the disease commences in the ear and extends to the brain. Notwithstanding the importance and frequency of this disease, which we shall designate *cerebral otorrhœa*, MM. Itard and Willemier[2] are the only authors who have studied the subject as it deserves. Before proceeding further in the researches on this disease, we will detail some cases[3] so as to simplify by autopsy the progress and phenomena of the affection.

According to the point from which suppuration proceeds we admit two forms of the disease, either the suppuration being propagated from the brain to the ear (primary cerebral otorrhœa), or from the ear to the brain (consecutive cerebral otorrhœa; there is also a third form, in which both organs are diseased, when it is impossible to point out with certainty which of the two was first affected.

Primary Cerebral Otorrhœa. Case 1.—A man, ætat. 42, being chilled after exposure to the rays of the sun, complained of a fixed acute pain on the right side of the sagital suture. The next day a high fever broke out, with chills, nausea, anxiety, insomnia, and then violent cephalalgia, eyes glistening and injected. On the 5th day phrenitis supervened, and in spite of every remedy which could be put in requisition the patient died on the ninth day. As an excessively fetid pus had been discharged from the mouth, nose, and right ear, for a short time previous to his death, Bailly, who observed this case, made the dissection. On raising the skull, a tumour of the size of a filbert was found filled with an excessively fetid pus. The dura mater and arachnoid were in a state of putrefaction. The subjacent cerebral substance itself was morbid and very fetid.[4]

The auditory organ does not appear to have been examined in this case.

Case 2.—A mason, ætat. 41, was seriously wounded about eight years ago, on the right angle of the lower jaw, by a wall falling upon him; bruises and swelling followed. With the exception of hemicrania on the

[1] Gazette Médicale, No 21, Mai 26, 1838.

[2] Dissert. de Otorrhœa, Trajecti, 1836.

[3] As M. Willemier's thesis, from which the majority of these cases is extracted, is not for sale, we thought proper to give them in detail.—(*Note of the French editor.*)

[4] Lallemand. Recherches anatomico-pathologiques sur l'encéphale et ses dépendances. Lettre IV.

right side the patient was well. About three years ago, without any known cause, this pain became gradually more frequent, and so acute as to prevent rest either day or night; it occupied the forehead and occiput. Different remedies were unsuccessfully used by the various physicians whom he consulted. Now and then the pain was very great; the mouth turned to the right; incomplete paralysis of the upper eyelid, so that the eye was half open; delirium; subsequently deafness, with a sensation of hissing and roaring.

At his entrance into the hospital of Utrecht, M. Schroeder describes him as in the following condition:—

Conformation of the body delicate; leanness; face red; mouth evidently turned to the right; paralysis of the right side of the face; conjunctiva of the right eye, which was half open, very red and œdematous; pain on separating the eyelids; eye moveable, but slightly turned to the right, occasioning slight external strabismus; intellectual faculties enfeebled; stools normal; appetite good; and pulse strong. Deglutition rather difficult.

After some days the patient felt so well that he was anxious to resume his occupations; did not complain of any pain; but cephalalgia soon returned with fresh intensity. He uttered cries during the night, jerking back his head.

On the 11th of February he had an attack of apoplexy; on the recurrence of consciousness his speech was difficult, and deglutition constrained, with tottering gait; conjunctiva injected and cornea tumefied. February 21, had a fresh attack of a more violent character. The body had become stiff, and motion difficult.

March 2d.—Although debilitated he appeared to exercise his intellectual faculties better; he announced his approaching death, and wished to settle some affairs. He died in the night.

During the last days, the conjunctiva of the left eye was equally red and swollen. After death the right paralysed eye was open, the left closed. The treatment had consisted in the application of leeches and cauteries to the pained part.

Autopsy.—Dura mater strongly adherent to the right side and injected; arachnoid of the right hemisphere inflamed, posterior lobe of that hemisphere strongly adherent to the dura mater. The whole of the fossa of sylvius, as far as the edge of the cerebellum, was distinctly softened and mixed with pus. This pus was especially collected in a large quantity in a cavity situated at the lower part of this lobe, the extremities of which appeared almost entirely destroyed. The edges of this abscess were separated from the posterior and healthy part of the medulla by a sanguinolent, almost black, edge; there was also an effusion of purulent serosity under the arachnoid of all the base of the brain, which extended as far as the *crura cerebri*, to the pons varolii, and medulla oblongata; fourth ventricle and cerebellum sound; lateral ventricles filled with a large quantity of serum; dura mater anterior to the petrous bone almost cartilaginous, of more than two lines thick. The inflammation of the dura mater reached laterally as far as the sella turcica. The third pair of nerves were inflamed in a space of half an inch, and reddened to a considerable depth. The sixth, fourth, and fifth pairs, as well as the optic nerve, were sound. The part of the dura mater which is in contact with the petrous bone was sound, but slightly red towards the base; on opening the cavity of the tympanum, it was found completely filled with coagulable lymph. The ossicles of the ear very red, as well as the vestibule itself; the blood-vessels of this part, and those in the canal, were more distinct than ordinary. Nerves sound; not inflamed. The left ear was healthy, and the cavity of the tympanum filled with air. Facial nerve on both sides normal.[1]

If this case is not an example of the passage of suppuration from the brain

[1] Schroeder van der Kolk, in Willemier, Diss. de Otorrhœa, Traject. 1836, p. 59.

into the ear, it proves what is much less frequent, the propagation of cerebral inflammation to the internal parts of the ear.

Case 3.—A man, aged 40, received a serious wound on the right cheek and arm, of which he was soon cured. Nine months after, he was seized with cephalalgia; delirium; face and eyes red; tongue parched in the middle, red and moist at the edges; skin not dry; pulse hard, but not very quick; abdomen hard, shrunk, not painful to the touch. Answers sometimes correctly. Pains in the right temple; lies on his left side; no pains in the integuments of the cranium; comatose and deaf.

On the twenty-first day a white puriform matter was vomited. The next day skin was dry and hot; pulse irregular; respiration laboured and accelerated; copious expectoration of a whitish matter, similar to that which was vomited; breath fetid; voice indistinct; chest sonorous; died at the expiration of a few hours.

Autopsy.—All the thoracic organs normal; caries of the superior surface of a part of the petrous portion of the temporal bone. All the petrous bone, as well as the meatus auditorius externus, destroyed. In the cerebellum was an abscess surrounded by a complete cyst.

Case 4.—J. R. de M., ætat. 29, of Groningen, soldier, well made, of a lymphatico-sanguine temperament, had enjoyed good health until his twenty-third year, at which time he began to suffer from bilious attacks. The father died of phthisis; the other relations were healthy. Since the above period he had been well until March 1833, when, immediately after taking cold, he felt a hissing in his right ear, accompanied by a discharge of viscid matter.

In January 1834, he entered the hospital for pains of which he was soon relieved. He remained well till the month of June, when he had a fresh attack of his first complaint, accompanied with deafness of the right ear. After seven weeks' treatment the patient was entirely cured and returned to his regiment.

Another relapse, about October, with pain and swelling of the tongue and surrounding parts. A flattened abscess, formed chiefly at the helix; pains ceased.

November 27th.—The patient entered the hospital of Utrecht. The internal superficies of the concha of the right ear was filled with a flat abscess of a yellow colour and red edges, which discharged a grayish yellow pus, fetid and mixed with blood. The external auditory passage, which could not be examined on account of the swelling, was suppurating and excoriated, and the parts adjacent to the ear were red and tumefied. A yellowish, viscid pus, was discharged from a small abscess behind the ear; in examining which, neither the bone was found denuded, nor was there a fistulous orifice. On this side the hearing was entirely destroyed, and diminished on the opposite side. The patient complained of pain of varying intensity in the interior of the ear and in the head, particularly above the diseased part; then he was annoyed with a hissing and rolling sound; all the other functions were normal. There had been stupor to greater or less extent for some days.

December 1st.—A purulent discharge was observed to flow from the left ear, followed on the second by violent pains in the head and ears and by painful insomnia.

11th.—The side of the face was slightly red and the concha of the right ear painful to the touch; the purulent discharge acquired a better character.

12th.—Pains in the head insupportable. Respiration distressing, and pulse scarcely perceptible.

Night disturbed. Motions automatic; eyes half open; pulse slow, feeble, fluttering; moaning respiration; in a soporific state. Died about two o'clock.

Autopsy, made twenty-four hours after death.—After raising the cranium, the brain and its membranes on the external surface were found to be

normal. The lateral ventricles were filled with a large quantity of serosity. Near the pons varolii was a thin gray granulated matter, of a peculiar odour; thence a straight canal led into the cerebellum, the right lobe of which was partly changed into a soft, semi-liquid, greenish-black mass; in the middle of this mass was a cavity of the size of a filbert, which was partly filled with the same substance as that met with near the pons varolii. Upon the middle of the posterior part of the petrous bone the substance of the cerebellum was changed as far as the external superficies, where was a small cleft-like surface. In this mass, traces of the arbor vitæ could still be perceived; the sound part of the cerebellum was much injected. A similar disorganisation of the cerebral substance had taken place in the left lobe of the cerebellum, and was connected with that of the right lobe; but there it did not extend to the surface. In general, disorganisation was not so far advanced; the colour was grayish yellow, and of better consistence than on the opposite side. The dura mater, towards the posterior part of the petrous bone, was ulcerated and perforated at a point corresponding to the cleft in the cerebellum; at that part the arachnoid and pia mater were destroyed. Towards the middle of the posterior part of the petrous bone, a fissure of four lines long and half a line broad, corresponding to the orifice in the dura mater and cerebellum. The edges were not rough. This orifice was in connection with a cavity of the mastoid process. At the anterior part, an oblong opening was also seen which communicated with the meatus auditorius externus. The dura mater was normal at this spot. Neither pus nor purulent matter was found in any part, either in the bone or between the membranes. All the nerves were normal. The edge and anterior wall of the external meatus were completely destroyed by caries. The soft parts were thickened, softened, and covered with a puriform matter. The membrane of the tympanum, the soft parts of the internal ear, and the ossicles, had entirely disappeared. The pharynx and Eustachian tube were unchanged. The mucous membrane of the nose was red and turgid. Nothing anormal in the other cavities. Testicles small and soft.[1]

Case 5.—A boy, ætat. 9, affected during three years with violent otitis, accompanied now and then with severe pains, was admitted into the Hospital of Amdators.

M. Shroeder V. d. Kolk noted the following symptoms:—

Abscess behind the left ear; large ulceration in the same auditory meatus, with abundant discharge of an ichorous pus, denoting caries of the bones; hearing on this side appeared to be entirely destroyed; pains insupportable; face œdematous; mouth slightly turned to the right; commencement of paralysis of the left cheek. Pains in head and ears, occasionally very violent, and accompanied with slight fever. Other functions normal. The ulcer in the left ear spread slowly.

At the end of two months, without any perceptible cause, a fever broke out, with violent pains in the ulcer, and some days after the patient became comatose. A profuse hemorrhage took place from the ear, but without affording any relief. The feet were contracted so as to stretch all the flexors. Complete paralysis of left cheek. Aperient means, cold fomentations, leeches, and the hemorrhage from the ear, only enfeebled the patient, who died four days after, comatose.

Autopsy.—Abdominal and thoracic organs normal, except an adhesion of the lungs with the pleura costalis. The meatus auditorius externus destroyed, and the petrous bone, as far as its base. The temporal bone was carious so far that no external meatus remained, and the internal was partly destroyed. Some filaments of the auditory nerves still remained. The trunk of the facial nerve was indurated, similar to cartilage, and terminated near to the aqueduct of Fallopius, in an ulcerated edge; it was surrounded by a cartilaginous substance, formed by the induration of the cellular tissue, so that no communication existed with the branches of the nerves of the face.

[1] Willemier. De Otorrhœa, &c., p. 23.

Distinct traces of inflammation, with suppuration of the arachnoid, extending to the base of the brain. The inferior part of the posterior lobe was adherent to the dura mater, and contained a cavity filled with an ichorous pus, the edges of which were dark and gangrenous, and scarcely two inches in diameter. The arachnoid surrounding the crura cerebri, pons varolii, and medulla oblongata, was much thickened and turgid with a yellowish and purulent serosity.

(To be concluded in our next.)

Art. II.—PHILADELPHIA HOSPITAL (BLOCKLEY).

DR. DUNGLISON, ATTENDING PHYSICIAN.

Summary of Cases treated in Men's Medical Ward, No. 3, and in Women's Medical Ward, No. 3, of the Philadelphia Hospital (Blockley), from July 24th, 1838, to September 4th, 1838. Reported by Edwin A. Anderson, A. M., M. D., of Wilmington, N. C.

DIAGNOSIS.	Number.	Cured.	Relieved.	Discharged.	Died.	Remaining.
Phthisis Pulmonalis	5				1	4
Disease of Heart and General Dropsy	1				1	
Hemiplegia and Softening of Brain	1				1	
Cerebritis and Partial Paralysis	1		1			1
Subacute Meningitis	1	1		1		
Intermittent Fever	3	2		2		1
Cholera Spasmodica	1	1		1		
Dysentery	10	7		7	2	1
Syphilitic Rheumatism and Nodes	1		1	1		
Chronic Rheumatism	1					1
Total	25	11	2	12	5	8

Disease of Heart and General Dropsy.—George Howe, aged 65 years; a man of broken down and intemperate habits. This case was complicated with mania à potu. Patient came in cold, comatose, stupid; no reaction ensued. Died two days after entrance.

Hemiplegia and Softening of the Brain.—This case, with the necroscopy, was reported in the "Intelligencer" of Sept. 15, page 183.

Cerebritis and Partial Paralysis.—Robert Vanhorne, aged 24. The early history of the case was reported in the number of August 15th. Robert can now walk, with a cane, down stairs, about the hospital yard, and around the wards; he is much improved. His treatment has consisted in saline cathartics as revellents; a seton to the nape of the neck; two moxas each alternate day to the lower part of spine; and strychnine, gr. $\frac{1}{8}$, four times a day.

Subacute Meningitis.—James Cassidey, aged 28. A mild case; treated by epithems of iced water to the head, cups to the nape of the neck, leeches occasionally to margin of the anus, and saline cathartics. Discharged cured.

Dysentery.—During the month of August, this disease was epidemic in the Alms-House, attacking many of the worn out and broken down inmates. The type was mostly typhoid, attended, in the fatal cases, with great prostration, and sloughing or gangrene of the mucous coat of the intestines.

The general treatment consisted in cupping with and without the scarificator over the abdomen; revulsion by means of blisters or sinapisms over the same region; warm cataplasms were kept applied over the abdomen; and small doses of mercurials and opium were administered—in the severer

cases to such an extent as to affect the mouth. The canal was kept clear in the milder cases by the oleum ricini, and one of the successful cases was treated altogether by the exhibition of a teaspoonful of the cathartic daily or every other day. Injections of starch and laudanum, and of infusion of ipecacuanha and laudanum, were likewise employed.

The acetate of lead and opium was freely administered in some of the cases; and to one a grain of tannin was given every hour.

The only fatal cases were the following; the prognosis of which, formed at the first visit, was highly unfavourable:—

1.—James McIntyre, aged 50. This patient's stools amounted frequently to twenty in the hour; they were dark, fetid, and often bloody. Upon his first admission into the ward, the disease had made such fearful progress that it was found impossible to check it.

He soon, too, became wayward, and refused all food and medicine. For the latter part of his life coma supervened. The necroscopy showed sphacelus and gangrene of greater part of the large intestine.

2.—Michael Dwyer, aged 24; admitted July 31st, 1838. Has been for the last year an inmate of the hospital; labouring first under primary syphilis, succeeded by secondary symptoms, and syphilitic iritis. With a constitution shattered and broken down by the venereal disease, many traces of which still remained on his person, he easily became subject to the dysentery which prevailed through the house. Was attacked while in the eye ward, under treatment for iritis, with dysenteric symptoms, and transferred to the medical ward on the sixth day following his first attack.

Present state.—Thin slimy stools every ten minutes, both during the night and day, bloody, fetid; constant tenesmus; abdomen very tender upon pressure; constant vomiting; great thirst; heat of skin, succeeded by cold chills; tongue coated, dry in the middle; papillæ distinctly separated, owing to the dryness; pulse 130, very small, easily compressed.

He was ordered to be cupped—one cup with the scarificator and six dry, over the abdomen; and after the removal of the cups, a rag, spread with the unguentum hydrargyri mitius, was directed to be applied over the wounds made by the scarificator. The following pills were also prescribed:

R. Hydrargyri chloridi mitis, grs. iv.; pulv. opii, gr. ¼; fiat pilula quarta quâque horâ sumenda.

August 1st.—Seventy-five stools in twenty-four hours. Constant tenesmus. Vomited four or five times in the night of the 31st of July. Tongue coated with a dark brown fur in the centre, red at the tip and edges; abdomen very painful, even upon slight pressure; skin dry, rather harsh to the feel; countenance languid, anxious, expressive of pain and despondency of mind—decubitus dorsal; pulse 96, soft; stools very bloody. Continue, every two hours, the former pill; and give, every alternate hour, the following:—

R. Plumbi acetatis, gr. i.; pulv. opii, gr. ss. m. et fiat pilula. Applicetur cataplasma humuli epigastrio.

August 2d.—Twenty-two stools in twenty-four hours; thin, slimy, streaked with blood. Nausea in the night of the 1st, but not followed by vomiting. Slight tenesmus; tongue as before; abdomen less painful on pressure; skin moist, cool, soft; countenance exhibits more languor and depression of mind; decubitus dorsal, but he occasionally turns on his side; pulse 113, soft, very weak, easily extinguished by pressure; complains of very great weakness and prostration; complete anorexia; refuses all food.

Treatment.—Suspend the pills of mild chloride and opium, on account of incipient ptyalism. Continue the prescription of August 1st.

August 3d.—Twenty stools in twenty-four hours, attended with slight pain, but still bloody; severe tenesmus; constant vomiting; tongue not furred, nearly natural; skin rather cool, but not harsh to the feel; pain in abdomen upon pressure somewhat diminished; answers questions put to him slowly and with difficulty; intellect very obtuse; pulse 110, soft, small, entirely extinguished upon slight pressure. Continuentur pilulæ omni horâ et applicatio cataplasmatis humuli epigastrio.

August 4th.—Stools very frequent since visit of 3d; so numerous as not to be counted—thin, excessively fetid, and bloody; severe pain and tenesmus on dejection; tongue as before; pain in abdomen on pressure diminished; thirst excessive; pulse 110. Continuentur pilulæ ut antea; et applicetur emplastrum cantharidis epigastrio.

R. Mucilag. sem. lini, ℥ iv.; tincturæ opii guttas 50. Pro enemate statim injiciendo.

August 5th.—On the evening of the 4th, the pills of acetate of lead and opium were discontinued, on account of their instant rejection from the stomach; and in their place he was ordered to take twelve drops of the tinctura opii every hour.

Present state.—Constant tenesmus, followed by slight discharges, every ten minutes; stools slimy but free from blood; no vomiting; refuses all medicine; great prostration; countenance hippocratic; excessive weakness; intelligence dull, answers slowly and with difficulty; voice reduced to a mere whisper; pulse 130, small, feeble, undulating under the finger, extinguished even upon the least pressure. He was ordered to take four ounces of wine in a pint of milk at intervals.

August 6th.—Patient now lies in a low muttering delirium; does not answer when spoken to; refuses food, wine, and medicine; decubitus dorsal; slides down to the foot of the bed; stools thin, slimy, bloody, involuntary.

Died at 8 o'clock, A. M., of the same day.

Necroscopy ten hours after death.—The *Small Intestines* contained a small quantity of viscid, light green fæces. Mesentery minutely injected. Upper portion of small intestines pale, lower down tinged with bile. Mucous membrane of good consistence. The lower portion of the small intestines, a foot in extent, presented a space where the mucous membrane was of a dark colour, ecchymosed, and highly injected. Membrane pulpy, almost gangrenous.

Large Intestines.—Mucous membrane of a dark slate colour, sphacelated, pulpy; only a very small portion of the mucous membrane remained, which was of a dark green colour. Muscular coat bare, intensely injected. Lower portion of mucous membrane entirely removed for the space of a foot. Intestine gangrenous.

The *Stomach* contained a few ounces of a thin green fluid. The mucous membrane was soft, pale, and of good consistence.

Syphilitic Rheumatism and Nodes.—James Deveny, aged 25. Treated with epispastics to nodes; compound decoction of sarsaparilla, chloride of mercury, and subsequently the hydrarg. proto-iodidum (gr. $\frac{1}{8}$, four times daily, in half an ounce of syrup). He left the hospital very much relieved, at his own urgent request; intending to continue the same treatment, formulæ for which were furnished him.

Women's Medical Ward, No. 3.

DIAGNOSIS.	Number.	Cured.	Relieved.	Discharged.	Died.	Remaining.
Bronchitis and Phthisis	1		1	1		
Bronchitis	2	1	1	1		1
Intermittent Fever	1					1
Dysentery	1	1		1		
Neuralgia	1					1
Mania à Potu, (third stage)	1				1	
Total	7	2	2	3	1	3

E. A. Anderson, A. M., M. D.

Art. III.—CASE OF INTESTINAL ENTOZOA. [?]

BY H. S. DICKERSON, M. D.

Appling, Jeff. Co., N. Y., Oct. 4th, 1838.

Professor Dunglison.

Dear Sir,—I take the liberty of asking your opinion of the following remarkable case which has recently come under my observation. The case presenting nothing peculiar at its commencement, I took no notes, consequently shall have to state it from recollection.

P. W., a labourer, aged about 22 years, of good constitution and regular habits, called upon me, about the first of July last, for advice. In obtaining the history of his case, I learned that about two years previous, while engaged in bathing in a mill-pond, he came near being drowned; being taken out of the water in a state of insensibility. From that period he dates his ill health, having been previously strong and healthy. Soon after that, he began to have what he calls a bad feeling, or a sense of fulness or gnawing at his stomach, which he has experienced in a greater or less degree ever since. Up to about the first of May last, he took no medicine, except occasionally an emetic, with a view to cleanse the stomach, but found little or no relief. He was able to do but little labour; appetite various, and bowels regular. From the first of May, up to the time I saw him, he had been under a variety of treatment.

I first saw him with a pulse not much affected, respiration healthy, tongue covered with a whitish coat, pain and tenderness on pressure upon the epigastrium, an obtuse pain in the right hypochondriac region, darting into the shoulder of the same side, appetite depraved, bowels torpid, a sense of "faintness and all gone at the stomach," as he expressed it. I directed him to take the blue pill, tart. emet. ointment to be rubbed over the hypo. and epigastric regions; occasionally an aperient: high diet.

About a week or ten days subsequently, he noticed something peculiar in his stools, which he called "skin." I considered it morbid secretion from the mucous membrane; and continued the pills and counter-irritation.

At the end of three or four weeks, he expressed a belief that he had worms, as he had frequently noticed decayed portions or skins of them in his stools, and wished for medicine to dislodge them. I accordingly gave him pink root, cowage, calomel, and senna, which produced copious evacuations, but brought no worms. Continue the course as before directed.

At length the patient's curiosity became more excited, and he wished to direct my attention more particularly to the appearance in the dejections, which I partially examined, and gave it as my opinion, that the substance which he had so frequently noticed, and which I called morbid secretion from the mucous membrane, was detached portions of a tape-worm. He was directed full doses of turpentine, followed with calomel.

Not succeeding in its expulsion, I then gave him Dr. Schmidt's famous remedy for the tænia, which expelled none of the tape-worm nor detached portions.

The patient was then anxious to resume the use of the blue pill, as he had noticed, when taking them, that he had more of the substance pass in the movement of the bowels, procured by that medicine, than when under the operation of purgative ones, as he then seldom saw any.

Not succeeding in the expulsion of the worm as I expected, I was induced to examine this substance more particularly, when I discovered it presented an appearance unlike the tape-worm, as the articulations or joints were wanting. Some of the pieces when washed, presented two smooth and continuous surfaces; edges not well defined, but ragged and irregular, from one to four inches in length, about half an inch in width, at times much broader, and one or two lines in thickness. It sometimes has the appearance of being in a decayed state; being from the consistency of pulp, up to a texture so firm that I am unable to break or tear it asunder, as are some of

the specimens I send you for inspection. On making a manual examination of the abdominal region, I could discover nothing unusual, or aside from health, excepting a slight tenderness upon pressure over the epigastrium; pain in the right side abated; complains of a heat in the stomach and bowels, which he has generally, yet no soreness or tenderness below the epigastric region, and that but slight; never inclined to diarrhœa; breath fetid; sleep disturbed; appetite various; can take hearty food for several days in succession, with no other inconvenience excepting an increase of the heat of the stomach and bowels; is considerably emaciated, yet is able to ride and walk about.

The patient is tenacious in belief that he has a living animal in his bowels, as he frequently feels a crawling sensation in his stomach and bowels, amounting to great uneasiness at times, which he has experienced more or less since having taken Dr. Schmidt's remedy, as "that was the first time," as he remarked, "the fellow was routed."

Quere.—Can this be the production of any morbid growth, or can the patient have taken the ova or germ of some animal while in the water at the time of bathing as above stated?

Respectfully,
H. S. Dickerson, M. D.

[The specimens, we regret to say, have not reached us. They are probably lost. We publish, therefore, the case, without being able to add any thing to the statement of our correspondent.—*Ed.*]

BIBLIOGRAPHICAL NOTICES.

Dr. Hosack's Lectures, by Dr. Ducachet.[1]

The first impression on the minds of those who are unacquainted with the facts of the case may be one of surprise, that the lectures of Dr. Hosack should be edited by a member of a sister profession. That surprise will cease when it is understood that the reverend editor was the private pupil and personal friend of Dr. Hosack, and that after having practised the profession of medicine successfully for a time, he abandoned it for the more holy one to which he is now attached. Between Dr. Hosack and himself, an uninterrupted friendship existed; and at the death of the former, all his papers were, agreeably to his will, delivered into the hands of Dr. Ducachet.

To the friends and pupils of Dr. Hosack the volume before us will be a valued treat. It will remind them of days long past, when they were accustomed to listen to the precepts of a revered instructor; and the medical profession in general will be pleased to become acquainted with the views and manner of teaching of one who was not a little distinguished as a teacher and as a physician.

They must not expect, however, to meet, in the work before us, with those

[1] Lectures on the Theory and Practice of Physic, delivered in the College of Physicians and Surgeons of the University of the State of New York. By the late David Hosack, M. D., L. L. D., F. R. S., Professor of the Theory and Practice, &c., and of Clinical Medicine in that institution. With an introductory lecture by Nathaniel Chapman, M. D., Professor of the Theory and Practice of Medicine in the University of Pennsylvania, &c. Edited by his friend and former pupil, Henry W. Ducachet, Rector of St. Stephen's Church. Philadelphia. 8vo, pp. 700.

interesting pathological observations and reflections which have been made by the more recent investigators. The subject of physical diagnosis, too, appears not to have engaged the attention of the author at the period the lectures were penned; it was, indeed, at that time comparatively in its infancy.

The lectures are written in an agreeable lively style, and we need scarcely say, convey much interesting and useful information. The present volume contains only the lectures on fevers and the phlegmasiæ, "which made the principal part of Dr. Hosack's course." "Whether," says the editor, "the remainder will hereafter be published, must depend upon circumstances which cannot at present be foreseen or controlled."

To the volume a brief introductory letter from Prof. Chapman is prefixed, in which he engages to spare no effort to promote its distribution; and states his intention especially "to recommend it to the attention of his class."

—

Dr. Hayward's Report of the Massachusetts General Hospital.[1]

The name and reputation of Dr. Hayward, as a zealous and skilful surgical pathologist and successful operator, is familiar to many of the readers of this journal. The report before us comprises the whole of the surgical experience of the Massachusetts Hospital during the period specified in the title, the surgical department having altogether devolved on Dr. Hayward during the absence of Dr. J. C. Warren in Europe. We cannot, perhaps, do better than extract from the report some of the practical remarks of Dr. Hayward in his own words.

"*Erysipelas.*—It is well known that great diversity of opinion has existed, and still continues to exist, as to the *treatment* of erysipelas. Two very opposite courses have been adopted, and the advocates of each have claimed a great degree of success for their method. One of these consists in administering tonics, particularly cinchona, in some of its forms, from the very beginning of the attack; and the other in depletion, treating it as a purely inflammatory affection. It is very questionable whether either of these methods is adapted to a majority of cases. There are but few patients, as far as I have seen, that will be benefited by bark through all the stages of erysipelas; and, on the other hand, though depletion is unquestionably highly useful to some at the onset, there are not many who will not derive advantage from tonics before the termination of the disease. In fact, they may be given with advantage earlier, and to a greater extent, than in almost any other complaint. This is particularly true of the class of subjects that are met with in hospital practice, persons for the most part whose constitutions are impaired or broken down by previous disease or excess.

"The sulphate of quinine is perhaps the best preparation, and the quantity given should not be less than half a dram in twenty-four hours; in fact, patients are often benefited by a much larger quantity.

"When blood-letting is required, topical bleeding is all that I have been in the habit of using, and this I believe is all that is required. I have not resorted to incisions, though they were much recommended at one time, because it is difficult to limit the quantity of blood taken in this way, and because fatal effects have sometimes resulted from them. Punctures made with a lancet in the inflamed part are equally efficacious, and perfectly safe;

[1] Report of the Surgical Cases and Operations that have occurred in the Massachusetts General Hospital, from May 12, 1837, to May 12, 1838. By Geo. Hayward, M. D., Surgeon to the Hospital. (Communicated for the Boston Medical and Surgical Journal.) 8vo, pp. 26.

but there is no objection, that I am aware of, to the application of leeches, and these I employ to a great extent, and apparently in many cases with very great benefit. They should be applied on the sound skin, and it is very unusual for the inflammation to extend beyond the part on which they have been applied. This is certainly remarkable, as leeches are supposed occasionally to produce erysipelatous inflammation, especially when applied about the face.

"Local bleeding is the only topical remedy that I regard as of much value in the treatment of erysipelas. This opinion may excite surprise. Great confidence is placed by some in mercurial ointment, the nitrate of silver, diluted alcohol, lead water and cold lotions, while others prefer warm applications. I must confess that I have not been able to satisfy myself that any one of these has the slightest power of arresting the disease, nor much in mitigating its violence. My practice, therefore, is to use that which is most comfortable to the patient.

"The efficacy of local applications in erysipelas has probably been very much overrated. No one places any reliance on them in measles or small-pox, because they are constitutional diseases; and does not the same reason apply with equal force to erysipelas? Local bleeding is undoubtedly in many cases useful, but this cannot be regarded as a topical remedy only.

"In severe cases, the disease is usually preceded by a chill, with intense pain in the head and back, and this is followed by great heat. These symptoms, for the most part, occur before any change takes place in the appearance of the skin.

"An active emetic, followed by a purgative, and this succeeded by some mild diaphoretic, as the liquid acetate of ammonia, seem to be the only general remedies that are called for in the first few days of the disease. At a very early period, however, quinine and other tonics, with a generous diet, can be given to advantage, especially to patients of feeble habits of body. Under this course I have often seen the pulse become stronger and less frequent, and the mind lose the wildness which is very apt to attend erysipelas, especially when it attacks the head and face.

"A liquid diet, of the mildest possible kind, I believe to be best in the early stages; but if the disease assume a severe form, generous and even stimulating food will be found requisite. Wine, wine whey, wine and water, and malt liquors, are often useful, and in the low forms of the disease, especially in patients with feeble and shattered constitutions, I am confident that I have prescribed alcohol with advantage.

"*Fracture of the Lower Jaw.*—My purpose in noticing these accidents, is to speak of a simple mode of treatment, which is applicable to many cases, and which I have frequently found very efficacious. When the bone is not comminuted, and there are teeth on each side of the fracture, the ends of the bone can be kept in exact apposition by passing a silver wire or strong thread around these teeth, and tying it tightly. In several cases of fracture of the jaw, in which the bone was broken in one place only, I have, in the course of the last few years, adopted this practice with entire success, and without the aid of any other means. It will be found very useful, also, as an auxiliary, in more severe cases, in which it may be required to use splints and bandages, or to insert a piece of cork between the jaws as recommended by Delpech. It requires some mechanical dexterity to apply the thread neatly; but in large cities we can avail ourselves of the skill of dentists for this purpose, and I have in this way been frequently indebted to the ingenuity of my friend, Dr. Solomon Keep.

"*Fractures of the Thigh.*—When this accident occurs below the middle of the bone, it is usually treated at the hospital by extension, and counter-extension. The apparatus used for this purpose is a modification of Desault's, the modification consisting principally in the adaptation of a screw to the cross-piece which connects the splints together at the bottom, and to this screw is attached the band or sock which passes around the

interesting pathological observations and reflections which have been made by the more recent investigators. The subject of physical diagnosis, too, appears not to have engaged the attention of the author at the period the lectures were penned; it was, indeed, at that time comparatively in its infancy.

The lectures are written in an agreeable lively style, and we need scarcely say, convey much interesting and useful information. The present volume contains only the lectures on fevers and the phlegmasiæ, "which made the principal part of Dr. Hosack's course." "Whether," says the editor, "the remainder will hereafter be published, must depend upon circumstances which cannot at present be foreseen or controlled."

To the volume a brief introductory letter from Prof. Chapman is prefixed, in which he engages to spare no effort to promote its distribution; and states his intention especially "to recommend it to the attention of his class."

—

Dr. Hayward's Report of the Massachusetts General Hospital.[1]

The name and reputation of Dr. Hayward, as a zealous and skilful surgical pathologist and successful operator, is familiar to many of the readers of this journal. The report before us comprises the whole of the surgical experience of the Massachusetts Hospital during the period specified in the title, the surgical department having altogether devolved on Dr. Hayward during the absence of Dr. J. C. Warren in Europe. We cannot, perhaps, do better than extract from the report some of the practical remarks of Dr. Hayward in his own words.

"*Erysipelas.*—It is well known that great diversity of opinion has existed, and still continues to exist, as to the *treatment* of erysipelas. Two very opposite courses have been adopted, and the advocates of each have claimed a great degree of success for their method. One of these consists in administering tonics, particularly cinchona, in some of its forms, from the very beginning of the attack; and the other in depletion, treating it as a purely inflammatory affection. It is very questionable whether either of these methods is adapted to a majority of cases. There are but few patients, as far as I have seen, that will be benefited by bark through all the stages of erysipelas; and, on the other hand, though depletion is unquestionably highly useful to some at the onset, there are not many who will not derive advantage from tonics before the termination of the disease. In fact, they may be given with advantage earlier, and to a greater extent, than in almost any other complaint. This is particularly true of the class of subjects that are met with in hospital practice, persons for the most part whose constitutions are impaired or broken down by previous disease or excess.

"The sulphate of quinine is perhaps the best preparation, and the quantity given should not be less than half a dram in twenty-four hours; in fact, patients are often benefited by a much larger quantity.

"When blood-letting is required, topical bleeding is all that I have been in the habit of using, and this I believe is all that is required. I have not resorted to incisions, though they were much recommended at one time, because it is difficult to limit the quantity of blood taken in this way, and because fatal effects have sometimes resulted from them. Punctures made with a lancet in the inflamed part are equally efficacious, and perfectly safe;

[1] Report of the Surgical Cases and Operations that have occurred in the Massachusetts General Hospital, from May 12, 1837, to May 12, 1838. By Geo. Hayward, M. D., Surgeon to the Hospital. (Communicated for the Boston Medical and Surgical Journal.) 8vo, pp. 26.

but there is no objection, that I am aware of, to the application of leeches, and these I employ to a great extent, and apparently in many cases with very great benefit. They should be applied on the sound skin, and it is very unusual for the inflammation to extend beyond the part on which they have been applied. This is certainly remarkable, as leeches are supposed occasionally to produce erysipelatous inflammation, especially when applied about the face.

"Local bleeding is the only topical remedy that I regard as of much value in the treatment of erysipelas. This opinion may excite surprise. Great confidence is placed by some in mercurial ointment, the nitrate of silver, diluted alcohol, lead water and cold lotions, while others prefer warm applications. I must confess that I have not been able to satisfy myself that any one of these has the slightest power of arresting the disease, nor much in mitigating its violence. My practice, therefore, is to use that which is most comfortable to the patient.

"The efficacy of local applications in erysipelas has probably been very much overrated. No one places any reliance on them in measles or small-pox, because they are constitutional diseases; and does not the same reason apply with equal force to erysipelas? Local bleeding is undoubtedly in many cases useful, but this cannot be regarded as a topical remedy only.

"In severe cases, the disease is usually preceded by a chill, with intense pain in the head and back, and this is followed by great heat. These symptoms, for the most part, occur before any change takes place in the appearance of the skin.

"An active emetic, followed by a purgative, and this succeeded by some mild diaphoretic, as the liquid acetate of ammonia, seem to be the only general remedies that are called for in the first few days of the disease. At a very early period, however, quinine and other tonics, with a generous diet, can be given to advantage, especially to patients of feeble habits of body. Under this course I have often seen the pulse become stronger and less frequent, and the mind lose the wildness which is very apt to attend erysipelas, especially when it attacks the head and face.

"A liquid diet, of the mildest possible kind, I believe to be best in the early stages; but if the disease assume a severe form, generous and even stimulating food will be found requisite. Wine, wine whey, wine and water, and malt liquors, are often useful, and in the low forms of the disease, especially in patients with feeble and shattered constitutions, I am confident that I have prescribed alcohol with advantage.

"*Fracture of the Lower Jaw.*—My purpose in noticing these accidents, is to speak of a simple mode of treatment, which is applicable to many cases, and which I have frequently found very efficacious. When the bone is not comminuted, and there are teeth on each side of the fracture, the ends of the bone can be kept in exact apposition by passing a silver wire or strong thread around these teeth, and tying it tightly. In several cases of fracture of the jaw, in which the bone was broken in one place only, I have, in the course of the last few years, adopted this practice with entire success, and without the aid of any other means. It will be found very useful, also, as an auxiliary, in more severe cases, in which it may be required to use splints and bandages, or to insert a piece of cork between the jaws as recommended by Delpech. It requires some mechanical dexterity to apply the thread neatly; but in large cities we can avail ourselves of the skill of dentists for this purpose, and I have in this way been frequently indebted to the ingenuity of my friend, Dr. Solomon Keep.

"*Fractures of the Thigh.*—When this accident occurs below the middle of the bone, it is usually treated at the hospital by extension, and counter-extension. The apparatus used for this purpose is a modification of Desault's, the modification consisting principally in the adaptation of a screw to the cross-piece which connects the splints together at the bottom, and to this screw is attached the band or sock which passes around the

ankle. By this means the extension is made more in the direction of the axis of the bone, than by the original machine, and the fractured surfaces are consequently brought more in contact.

"The objections that are often made to this apparatus, I have not found to hold good to any extent in practice. It rarely produces much irritation in the perineum; I have never seen ulceration there but once from this cause, and this was in a patient of a peculiarly irritable habit. It is more apt to give trouble about the ankle, on which the extending band is applied, and I have seen the heel ulcerate and slough in a few cases. These ulcers are exceedingly obstinate. Something, no doubt, may be done to prevent them by careful attention, but they will occasionally occur, even when the utmost vigilance is employed.

"Another inconvenience which sometimes follows the use of this apparatus, is the stiffness of the knee. I have never known this, however, to be permanent; but it often continues several weeks, and is in some instances quite troublesome.

"Notwithstanding these objections, I prefer this apparatus to any other that I have ever used for treatment of fractures of the shaft of the thigh bone, below the middle. Fractures of the condyles of course require a different mode. In the great majority of those cases which I have seen treated in this way, there was but little if any shortening, deformity, or lameness, and the patients hardly suffered at all while under treatment.

"I am aware that writers urge many other objections to this apparatus, but I feel confident that most of these are theoretical, and are advanced by those who have never given it a trial, or have used it perhaps in cases where the fracture is high up, and in which I have no doubt that other means will be found more useful.

"Mr. Amesbury's apparatus for fractures in the lower half of the thigh bone, I have never employed, merely because the one I was accustomed to, answered the purpose so well.

"It must be admitted, however, that in fractures of the upper third of the thigh, the modified apparatus of Desault does not do so well as when the bone is broken lower down. This is especially true in fractures of the neck of the bone, either within or exterior to the capsular ligament. Some have supposed that when the fracture is entirely within the ligament, bony union never takes place, whatever treatment may be adopted. But this is not correct, for there are well authenticated cases to the contrary. It is no doubt difficult to effect bony union in this accident, because the head of the bone, when thus detached, is nourished only by the vessels of the round ligament, and because it is not easy to keep the fractured surfaces in contact and the parts completely at rest. But even ligamentary union will be much more complete if these circumstances are attended to, than if they are neglected; for if the parts are not kept together, the ligament will be much longer than it otherwise would be, and the limb consequently less useful.

"When the fracture is high up, there are of course more muscles inserted into the lower fragment, and consequently there is greater danger of displacement than when the fracture is lower down, and it is also more difficult to confine the pelvic portion of the thigh bone. Something more than mere extension and counter-extension is frequently necessary to bring the fractured surfaces in apposition under these circumstances; and it is very important that steady pressure should be made so as to keep them in close contact. Every one, who is at all familiar with the treatment of fractures, knows how great a power pressure exerts in bringing about a bony union.

"Now Desault's apparatus is not calculated to make this pressure, and some have thought that in fractures of the neck of the thigh bone, the inner splint is apt to separate the fragments by pushing the lower portion outward.

"There are other indications which are not perfectly answered by this machine, when the fracture is high up. But it is unnecessary to speak of

these, as it is not my object to make a treatise on the subject, but merely to notice an apparatus which I think accomplishes the intention of the surgeon more completely than any other that I have ever seen. This is Mr. Amesbury's fracture-bed. I shall not attempt to describe it, as no description would be intelligible without drawings, and its construction is so simple that it would be readily understood by any one who wished to use it. It is adapted to all fractures of the thigh, occurring in the upper third of the bone, requiring slight modification in each case, and so constructed that the part on which the thigh is to rest can be made longer or shorter, as may be necessary to adapt it to the size of the patient. During the last year I have used it several times; in one case of a fracture of the neck of the bone within the capsular ligament, and in another of the neck exterior to it. Both of these did well. There was scarcely any lameness or shortening of the limb, and the patients suffered but little while under treatment.

"There was recently a patient in the hospital with a fracture just below the great trochanter, who used this fracture-bed. He was placed upon it immediately after the accident, and kept there five weeks, and was perfectly comfortable during the whole time. He has recovered the entire use of his limb, without any perceptible lameness or shortening.

"*Gonorrhœa.*—For several years past I have laid aside entirely injections in the treatment of gonorrhœa, and have substituted for them balsam copaiva, or cubebs, or both, according to circumstances. I have rarely found copaiva alone sufficient for the management of the disease. It very frequently produces an annoying cutaneous eruption before it has effected the purpose for which it is given, and we are obliged to lay it aside. Cubebs has been more often successful in my hands. This I give in doses varying from a scruple to a dram, three times a day, in powder. It may be given at the beginning of the disease, and instead of increasing the ardor urinæ, it usually lessens it.

"When cubebs alone does not succeed, I have frequently found a combination of it with copaiva very useful. I have rarely known the following preparation to fail in removing the disease. R. Pulv. gum. accaciæ, pulv. cubeb, balsam. copaib. aa ʒii.; aqua cinnamon. ʒxvi. M. From half an ounce to two ounces of this mixture should be given twice a day, and it should be administered as soon as the complaint is discovered. The only objection to it that I am aware of is, that it is so extremely nauseous that many persons find it difficult to take.

"It is a common notion that strictures in the urethra, which are so frequent after gonorrhœa, are produced by the injections that have been used. And this, no doubt, is oftentimes the case. But I have more than once met with a stricture consequent on gonorrhœa, where no injection had been used, the complaint having been removed by internal remedies. Whether these were cases of uncommon severity, I cannot say, as they did not occur in my own practice. It is probable, however, that they were, and that the stricture was the result of the effusion of fibrin, which it is well known sometimes takes place when the mucous membranes are highly inflamed."

Dr. Hayward then details four cases of inflammation of the hernial sac.

"They were new to me," he observes, "and I am inclined to think they will be so to most of my readers, as I can find no description of precisely similar ones in any work which I have consulted.[1] I regard them all as

[1] The following case, in Mr. Mayo's excellent work, "Outlines of Human Pathology," has a strong resemblance to them.

"A patient (a recent case in the Middlesex Hospital) had all the symptoms of strangulated hernia; there was a small tumour, feeling like an omental hernia, at the crural arch. The patient had a swollen and tender belly, and stercoraceous vomiting. Repeated attempts had been made to reduce the rupture, which the patient said was considerably larger before these attempts had been made. The bowels had acted twice with enemata. I did not attempt to return the tumour, but operated immediately,

inflammation of the hernial sac, having many common features of resemblance, and differing from each other only as they were in different stages of inflammation. In one of them the sac was gangrenous; in the second, fibrin was effused in abundance, but no pus formed; in the third, suppuration took place; and in the fourth, the inflammation was so much reduced that it no doubt terminated by resolution."

The whole report merits the attention of the surgeon.

Auscultation; its Advocates and Detractors.—We extract—says the editor of the Lancet[1]—from the last number of the Dublin Journal of Medical Sciences, the following judicious observations by Drs. Stokes and Graves, on the use and abuse of the stethoscope. The chastisement which Dr. Clutterbuck has received from such competent authorities, will, it is to be hoped, prevent him in future from delivering opinions upon subjects with which it is manifest that he is totally unacquainted:—

In the Medical Gazette, for July 28th, 1838, we have a lecture of Dr. Clutterbuck's on the treatment of periodical asthma, and on blood-letting in the specific inflammations of the chest. In this lecture, the following irritable effusion appears:—

"I may take this opportunity of adverting to the method of investigating diseases of the thorax by auscultation; that is, by listening attentively to the sounds emitted during respiration; and also by sounding the cavity, by tapping with the ends of the fingers on different parts of the chest. This mode of examination has always been resorted to more or less by physicians; though, from the employment of a load of new terms, invented chiefly by our ingenious neighbours, the French, and introduced by some of our own practitioners who have enjoyed the advantages of the Parisian schools, one would be led to suppose that a new region of science had been discovered, not inferior to mesmerism or homœopathy. As a specimen of the new language introduced on the occasion I may enumerate the following, indicating, it is supposed, as many various conditions of the organs in question. Thus, in the compass of a few pages, you will meet with the following:—'Pectoriloquy, perfect and imperfect'—'broncophony'—'pneumo-thorax'—'rhonchus'—'crepitation, fine and coarse'—'vocal resonance'—'tinkling echo'—'metallic tinkling'—'amphoric, or bottle-like sound'—'clicking'—'bubbling'—'gurgling'—'snuffling'—'whiffs of a cavernous respiration'—'fistular resonance, like that of a pan-pipe or key'—'pectoriloquy, forming a little island of voice'—*cum multis aliis.*"

Dr. Clutterbuck seeks to destroy the fame of Laennec by the worn-out system of denying his originality. Can he point out a single author who used auscultation as Laennec did, from the time of Hippocrates to the discovery of the stethoscope? He cannot. He is strangely ignorant, when, combining the modes of auscultation and percussion, he states that "*this mode has always been resorted to by physicians,*" and his joke about auscultation as equal to mesmerism and homœopathy, comes with a bad grace from one, himself the author of an unphilosophical and exploded theory of fever.

But Dr. Clutterbuck is an auscultator. He can tell by "*the tone of the*

when I found an *empty sac;* I divided the neck of the sac. The patient died in thirty hours. On opening the abdomen, the upper part of the small intestine was found distended, swollen, and inflamed. A segment of a portion of the ileum, which had been down, was deeply discoloured, and retained the impression of the close grip of the neck of the sac. It had been forced back into the body, before the performance of the operation, by the taxis, too much injured for recovery, through the length of the time it had been strangulated. The tumour upon which I operated was the sac, with thickened adipose matter partially surrounding it."

[1] Aug. 25, 1838, p. 781.

cough whether there is not a great cavity in the lungs, the result of suppuration or ulceration." He can tell with "tolerable precision, whether a quantity of mucus lies loose and floating, as it were, in the air tubes!" He can judge of the state of the larynx by the sound of the voice; and ascertain whether the lungs are pervious to air. His powers of diagnosis are certainly great; his opinion in chest disease must be equally valuable.

We suspect Dr. Clutterbuck's sense of hearing must be injured; for to him the "*ear trumpet*" magnifies but distorts the sound, rendering it less distinct than before. He holds that it may be classed with the telescope and the microscope, and includes all three in his anathema! And he adds, that "the information thus acquired, supposing it to be correct, comes too late in general to be of any practical use. It serves to indicate the consequences of disease, rather than disease itself, and that at a period when they are far beyond the power of art to remedy."

It is not true that auscultation only detects fully formed diseases. Its chief value is the facility with which it enables us to recognise the true nature of pleurisy and pneumonia, often a few hours after they have commenced, and consequently at a time when the knowledge thus obtained leads to the almost instant arrest and cure of the disease.

We would ask Dr. Clutterbuck whether it is of no practical use to discover an apyrexial hepatisation, to distinguish between this and a circumscribed pleuritic effusion; to discover whether, in a case of laryngeal disease, the lungs are healthy or diseased? to distinguish between an empyema with or without a pulmonary fistula? to detect a foreign body fixed in the bronchus? to distinguish, in a case of stridulous breathing, where tracheotomy is apparently called for, between tracheal disease and the pressure of an intro-thoracic tumour; to detect the existence of effusion into the pericardium; or to discover latent disease of the mucous membrane, parenchyma or serous structure in a case of typhus fever. We might add an hundred more of such instances.

Let us be clearly understood. We write these remarks for the junior student, who might be deterred from studying an important and now indispensable part of his profession, by the statements above quoted. We seek not controversy with Dr. Clutterbuck, his opinions can only affect the uninformed.

In the next number, Dr. Hope, of whom we wish to speak with the respect which his labours have earned for him, has authorised the publication of a series of diagnosis, made by his pupils after a ten minutes' lecture on the most difficult part of medicine, namely, the valvular diseases of the heart. The pupils were inexperienced, and as far as we can learn availed themselves solely of physical diagnosis. Their conclusions, in thirteen cases out of fifteen, were "*correct*," although they had, amongst others, to deal with the rare diseases of the pulmonic orifice.

That the pupils, after having been instructed in Dr. Hope's views of the causes and situations of valvular murmurs, should have come to conclusions such as he would have done, is not wonderful; but that these conclusions were correct we have only Dr. Hope's word for. We shall not examine into the evidence of the conclusions, for we know it to be insufficient; but we object to the whole proceeding, as calculated to revive the often repeated and refuted objection to the advocates of auscultation, that they neglect the history of the case and vital phenomena.

The following considerations we wish to impress on the pupils of the Meath Hospital.

First. That the physical signs of valvular disease are not yet fully established.

Second. That taken alone, they are in no case sufficient for diagnosis.

Third. That even in organic diseases *the nature and situation* of murmurs may vary in the course of a few days.

Fourth. That all varieties of valvular murmurs may occur *without* organic disease.

Fifthly and lastly. That organic disease of the valves may exist to a very great degree without any murmur whatsoever.

Of this assertion we shall hereafter bring abundant proofs.

R. J. Graves,
W. Stokes.

Repeated application of the same Leeches. By Dr. Kundig, of Grünengen.[1] —A girl, 20 years of age, and of scrofulous constitution, contracted in June 1836, a painful swelling of the right knee-joint. Two applications of leeches to the joint, together with antiphlogistic and derivative remedies, gave no relief, and Dr. K. resolved to leech the part several days in succession. As the circumstances of the patient made it desirable to avoid expense, the leeches which had once drawn and fallen off were emptied, placed in lukewarm marsh water, and reapplied the next day. This was followed up for fourteen days, and sixteen of twenty-two leeches drew as well on the last day as the first. The inflammation and pain were thus diminished, and the swelling reduced; the leeches therefore were discontinued, and warm fomentations of the decoctions of belladonna and cicuta applied. The disease gradually subsided under this treatment, and the patient resumed her avocations. It would appear from this case, that the desire and power of the leech to reapply itself, are better maintained when the trial is made on successive days, than when the animal is allowed to rest for a longer period.

BOOKS RECEIVED.

From the Editor.—Lectures on the Theory and Practice of Physic, delivered in the College of Physicians and Surgeons of the University of the State of New York. By the late David Hosack, M. D., L. L. D., F. R. S., Professor of the Theory and Practice, &c., and of Clinical Medicine in that institution. With an Introductory Letter, by Nathaniel Chapman, M. D., Professor of the Theory and Practice of Medicine in the University of Pennsylvania, &c. Edited by his friend and former pupil, Henry W. Ducachet, D. D., Rector of St. Stephen's Church, Philadelphia. 8vo, pp. 700. Philada., 1838.

From the Publisher, Mr. Herman Hooker.—A copy of the same.

From the Author.—A Manual of Chemistry: containing a condensed view of the present state of the science, and copious references to more extensive treatises, original papers, &c., intended as a text-book for medical schools, colleges, and academies. By Lewis C. Beck, M. D., Professor of Chemistry and Botany in the University of the City of New York, and in Rutger's College, New Jersey, &c. &c. 3d edit., illustrated with numerous woodcuts. Small 8vo, pp. 482. New York, 1838.

From Professor C. Davis, of Georgia.—An Address delivered at the Medical College of Georgia, on opening the course of lectures, 17th Oct., 1837. By Paul F. Eve, M. D., Professor of Surgery, and Dean of the Faculty, Medical College of Georgia. 8vo, pp. 16. Augusta, Ga., 1838.

Refutation of charges made by Dr. Caldwell, through the columns of the Louisville Journal, against Professor James C. Cross, of Transylvania University. 8vo, pp. 15. Lexington, Ky., 1838.

[1] Casper's Wochenschr. f. d. ges. Heilk., 1838, No. 7.